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|--|-------|----------|----------------------|
|  | Class | Subclass | ISSUE CLASSIFICATION |
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**PATENT NUMBER**

## **U.S. UTILITY Patent Application**

O.I.P.E.

**PATENT DATE**

SCANNED *[Signature]* Q.A.

|                              |                 |              |                 |                  |                              |
|------------------------------|-----------------|--------------|-----------------|------------------|------------------------------|
| APPLICATION NO.<br>09/973988 | CONT/PRIOR<br>D | CLASS<br>604 | SUBCLASS<br>140 | ART UNIT<br>3762 | EXAMINER<br><i>Bockelman</i> |
|------------------------------|-----------------|--------------|-----------------|------------------|------------------------------|

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Bruce Heymann  
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David Hendrix

CIP of Bockelmann's

Temperature sensing device for selectively measuring temperature at desired locations along an intravenous fluid line

PTO-2040  
12/99

## **ISSUING CLASSIFICATION**

| TERMINAL<br>DISCLAIMER  | DRAWINGS             |             |            | CLAIMS ALLOWED                    |                      |
|---|----------------------|-------------|------------|-----------------------------------|----------------------|
|   | Sheets Drwg.         | Figs. Drwg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.  |                      |             |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
| <input type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S Patent. No. _____<br>_____<br>_____ |                      |             |            | <b>ISSUE FEE</b>                  |                      |
| <input type="checkbox"/> The terminal _____ months of<br>this patent have been disclaimed   |                      |             |            | <b>ISSUE BATCH NUMBER</b>         |                      |
|   | (Assistant Examiner) | (Date)      |            | Amount Due                        | Date Paid            |
|   | (Primary Examiner)   | (Date)      |            |                                   |                      |

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